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DOCKET No. P33143USW Date Mailed 05/03/2005 Atty/Secy Jms/jj
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U.S. Serial No. : To Be Assigned Filing Date: Concurrently Herewith
Int'l App. No.: PCT/EP2003/012435 Int'l Filing Date: 5 Nov 2003

RECEIPT IS ACKNOWLEDGED FOR THE FOLLOWING:

- ☐ Appln Transmit +1 copy for: ☐ Provisional ☐ CIP
☐ Utility ☐ CONTIN ☐ DIV ☐ RCE
☐ Specification _____ pgs ☒ Abstract 1 pgs
☒ Decs 2 pgs ☐ Powers of Atty _____ pgs
☐ Drawings _____ Sheet(s)/Figs _____ to _____
☐ Assignment _____ pgs & Recordation Cover Sheet
☒ Transmit Ltr Nat'l Stage Entry +fee pg (3pgs)
☒ IPER ☒ SEARCH Rep. ☒ Pub-cover
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☒ Information Disclosure Statement
☒ Form PTO-1449 1 pgs. ☒ 10 References
☒ PRELIMINARY Amendment ☐ Response 9 pgs
☐ Petition for _____ month Extension of Time +1 copy
☐ Issue Fee / Publication Fee (Part B) + 1 copy
☐ Copy of Notice to File Missing Parts

- ☐ Copy of Notice to Comply
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☐ Diskette ☐ Sequence List
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☐ Req for Cert of Correct _____ pgs
☒ Authorization to Charge Dep. Acct. # 07-1392
☐ Request for Nonpublication (1 pg)

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Mailing Label

11-F June 2002

Customer Copy
Label 11-F June 2002



EV 332065037 US



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code <u>27615</u>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt <input type="checkbox"/> Day <input type="checkbox"/> Night	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In Mo. <u>5</u> Day <u>3</u> Year <u>05</u>	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage <u>\$ 21.05</u>	Delivery Date Mo. <u>05</u> Day <u>03</u> Year <u>2005</u>	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In <u>1534</u>	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee <u>\$ 21.05</u>	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM	Int'l Alpha Country Code	COD Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.		
Weight <u>2</u> lbs. <u>3</u> ozs.	Acceptance Clerk Initials <u>40</u>	Insurance Fee	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Total Postage & Fees <u>\$ 21.05</u>	Customer Signature			

CUSTOMER USE ONLY		FEDERAL AGENCY ACCT. NO. OR POSTAL SERVICE ACCT. NO.	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. <u>X277031202</u>			
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